Author's response to reviews

Title: Are elderly people with co-morbidities involved adequately in medical decision making when hospitalised? A cross-sectional survey

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Author's response to reviews: see over
Dear Editor Rachel Neilan,

Thank you very much for considering publishing our article: MS: 1335967199517034 “Are elderly people with co-morbidities involved adequately in medical decision making when hospitalised? A cross-sectional survey”. Anne W Ekdahl, Lars Andersson, Ann-Britt Wirehnn and Maria Friedrichsen

We think that all the referees have made very good comments and suggestions and we have now addressed them all below and highlighted all changes in the manuscript. We also think that, thanks to the referees, we have now made our findings a bit clearer (that more elderly with co-morbidity are not having their preferred role in medical decision making and would have preferred a more active role) and hope that the manuscript still will be interesting for BMC to publish.

As to your request all authors have declared no financial or non-financial interests in relation to this manuscript this is included in the manuscript after the conclusion section – I hope this is what you asked for?

Kind regards

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Referee 1: Shaun O'Keeffe

Reviewer's report

Title: Are elderly people with co-morbidities involved adequately in medical decision making when hospitalised? A cross-sectional survey

Version: 1 Date: 4 April 2011

Reviewer: Shaun O'Keeffe

Reviewer's report:

Dear Editor,

This is an informative and well written study of an important topic. The use of the Degner scale seems well suited to this subject. The statistical analysis is appropriate. There is a useful and well-referenced discussion to put the results into context.

The authors acknowledge the main limitation which is the low response rate. This is probably unavoidable in such a study. I have two minor points to make. The authors might wish to discuss whether assessment of people while in-hospital might improve the response rate.

We are sure that assessment while in hospital would have approved the response rate – and (as I pointed out to reviewer 3) it would probably also been better to have a shorter time between getting the list of names through the local register of care to the attempt to interview – and we should have done so if we should have made this study again. One of the reasons for not doing the survey in hospital was to diminish the risk of the patients feeling afraid of giving negative feed-back while still in hospital and dependent of good care perhaps thinking that we should inform of bad or poor information and participation (although we of course would ensure the patient that we where not involved in their care).

Secondly, the percentage noted to have dementia (4%) is low: formal assessment of cognition and of comprehension skills in future studies will reveal the degree to which this may contribute to
difficulties with providing information.

You are perfectly right. In my answer to referee 3 (Jan Florin) I have explained our considerations about the low degree of dementia which should be around 20% in this population. I cite from my answer: “We did not do any screening for dementia or other neuropsychological diseases – but when we during an interview suspected that a patient answered without understanding the questions, we asked more questions to decide whether the answers were logic and tried to judge whether the patient understood the questions properly or not. As you can see from the results only few patients (4%) were excluded for that reason (dementia) – and too few according to the prevalence of dementia. In our opinion (working with dementia in a daily care basis) it is important to ask even persons with dementia of their preferences and they can often provide good answers if you take your time and effort to explain and understand. We have added this text to the discussion in the article top p. 14:

There was a very low reported prevalence of dementia in our study population (4%) but probably elderly with mild dementia could answer the questionnaire without problems and probably there were a high proportion of patients with moderate or severe dementia among the patients that declined to participate.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests:
No to all